

Colchester Public Schools
Incident Report: Suspected Bullying Behavior

The purpose of this form is to document initial reports of suspected bullying behavior, or reports associated with a suspected bullying investigation. This form may be completed by students, parents, or employees, or by a School Climate Specialists assisting a student to make a report. With the exception of school employees, individuals who complete and submit this form may remain anonymous. Colchester Public Schools will protect reporters or individuals who assist in the investigation of an act of bullying from discrimination and retaliation.

Submit this form to the mailbox of the School Climate Specialist

Today's Date: _____

Your name (required only for school employees): _____

Your phone # and/or email (optional): _____

Name of the Targeted Student: _____

Grade of Targeted Student: _____

Name of Student(s) Displaying Suspected Bullying Behavior: _____

Grade of Student(s) Displaying Suspected Bullying Behavior: _____

How did you become aware of this incident?

☐ It happened to me.

☐ I saw it happen.

☐ I was told by another individual not directly involved.

☐ I was told by the student it happened to.

☐ Other: _____

Is the Targeted Student willing to talk to someone in the school?

Date, time, and location of incident – when and where did this occur?

Were there any adults present? ☐ No ☐ Yes, their name(s): _____

Were there other students present? ☐ No ☐ Yes, their name(s): _____

Describe, in detail, what happened.

(please use the back of this form if you need more space)

This/these incidents have already been reported to a school employee? ☐ Yes ☐ No ☐ I don't know
If yes, to whom and when?

☐ I have seen the suspected bully being mean-spirited to others.

☐ I have seen the targeted student being targeted by others.

(For students/parents only) Were these events reported to any school employee? ☐ Yes ☐ No ☐ I don't know
If yes, please identify to whom, when, and what was reported.

(For employees only) Describe actions you took to address the issue:

Name of School Climate Specialist Receiving Report

Date

Report ____ of ____

Investigation ID Number____
(YY/SS/#)